Hospital Breakfast Briefing:
Provision of Care, Treatment & Services

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Hospital Breakfast Briefings – Part 10

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Dr. Steve Chinn’s Background

- Consultant and Education Faculty, Joint Commission Resources
- Accreditation & Regulatory Officer for Stanford Health Care/Stanford Medicine
- Clinical Associate Professor, Stanford School of Medicine
- Former Joint Commission Hospital, Ambulatory, and Network Accreditation Surveyor
- Former Quality Executive for Kaiser Permanente, Veteran Affairs, and community/behavioral health hospitals
- FACHE, CPHRM, CPHQ, CJCP

Program Objectives

- Understand sections outlined in the Provision of Care, Treatment, and Services Chapter.
- Review frequently cited Standards and Elements of Performance from 2016
- Discuss Provision of Care, Treatment, & Services topics of focus
- Apply readiness strategies for compliance with this chapter
Chapter Overview

- Four core components of the care process
  1. Assessing patient needs
  2. Planning care, treatment, and services
  3. Providing care, treatment, and services
  4. Coordinating care, treatment, and services
- Within these core processes care activities include the following:
  - Providing access to levels of care and/or disciplines necessary to meet the patient’s needs
  - Interventions based on the plan of care, including the education or instruction of patients regarding their care, treatment, and services
  - Coordinating care to promote continuity when patients are referred, discharged, or transferred

Chapter Outline

I. Plan
   A. Admission to the Organization
   B. Assessment (Screening)
   C. Planning Care
II. Implement
   A. Providing Care
   B. Coordinating Care
   C. Patient Education
   D. Primary Care Medical Home
III. Special Conditions
   A. Special Procedures
   B. Restraint and Seclusion
IV. Discharge and Transfer
V. Blood Safety
TTCHPEP
“Top Ten Cited HAP PC EPs”

PC.02.01.03 EP 7 (37.3%): The hospital provides care using the most recent patient order(s).
- Process or practice
- Titration orders
- Range orders
- Therapeutic duplication
- Standing orders/protocols

TTCHPEP

PC.02.01.11 EP 2 (31.7%): Resuscitation equipment available for use based on needs of population served.
- Policy versus practice
- Outpatient clinics emergency response protocols
- Pediatrics population
- Malignant hyperthermia
Malignant Hyperthermia

- Recent reports of CMS findings associated with managing malignant hyperthermia
  - Where medications that can cause MH (e.g. succinylcholine)
  - Reversal agents availability
  - Staff competency
  - Emergency response drills

TTCHPEP

PC.01.03.01 EP 43 (28.1%): Plan of care includes the responsibilities of each member of the treatment team – Psych hospitals deemed status

PC.01.03.01 EP 5 (22.8%): The written plan of care is based on patient’s goals and the time frames, settings, and services required to meet those goals. Note: Psych hospitals deemed status: The patient’s goals include both short- and long-term goals.

TTCHPEP

PC.02.02.03 EP11 (23.5%): The hospital stores food and nutrition products, including those brought in by patients or families, using proper sanitation, temperature, light, moisture, ventilation, and security.

PC.03.01.03 EP 1 (19.7%): Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered. The hospital conducts a pre-sedation or pre-anesthesia patient assessment.
TTCHPEP

PC.02.01.03 EP 1 (19.5%): Prior to providing care, the hospital obtains or renews orders from a LIP or other practitioners authorized.

PC.01.03.01 EP1 (19.2%): The hospital plans the patient’s care based on needs identified by the patient’s assessment, reassessments and results of diagnostic testing.

TTCHPEP

PC.01.02.07 EP 3 (13.0%): The hospital reassesses and responds to patient’s pain, based on reassessment criteria.

- Missing documentation
- Missing reassessment
- Missing pain scale
- Missing interventions
- Failure to follow up according to policy

PCMH Requirements

PC.02.04.01 EP 1: Patient access 24 hours a day/7 days a week
- Contact the PCMH to obtain a same- or next-day appointment
- Request prescription renewal
- Obtain clinical advice for urgent health needs

PC.02.04.05 EP 6: When a patient is referred internally or externally, the interdisciplinary team reviews and tracks the care provided to the patient.
Computerized Tomography (PC.01.02.15)

- EP 5: CT exam only: Document the radiation dose index, dose length product, or size-specific dose estimate on every study produced.
- EP 10: Hospitals that provide CT, MRI, PET, or NM services: Prior to conducting a diagnostic imaging study, the hospital verifies the following:
  - Correct patient
  - Correct imaging site
  - Correct patient positioning
  - CT only: Correct imaging protocol
  - CT only: Correct scanner parameters

Computerized Tomography (PC.01.02.15)

- EP 12: Hospitals that provide CT, MRI, PET, or NM services: Consider the patient’s age and recent imaging exams when deciding on the most appropriate type of imaging exam.
  
  Note: Knowledge of patient’s recent imaging exams can help to prevent unnecessary duplication of these exams.

History and Physical

- Medical Staff defines:
  - The elements of a medical H&P
  - Who can perform the H&P
  - Documenting the H&P
  - Monitors for the quality of the H&P
- Updating H&P: “I have examined the patient, reviewed the history and physical, and note the following changes”
  - Surgery/procedure during hospitalization do not require an H&P update. Progress notes will cover.
Gastrointestinal Motility Study

- Food storage
- Food handling
- Food preparation

Updates for 2017

- REFRESH initiative
  - TJC Perspectives monthly newsletters
  - Standards update
- Restraints and Seclusion standards
  - One set of standards
  - Should be updated for January 1, 2017

Continuous Compliance Tips

- Individual tracers
- System or focused tracers
- Collect, aggregate, and analyze the data
- Share the stories
- Explaining the "why"
- Leadership accountability, engagement, & involvement
- Ever ready for the next patient
High Reliability Approach to Continuous Readiness

Doing this for our patients!
Plan for the worst.
Expect the unexpected.
Don’t just hope for the best!

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Thank You!!!